

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mr. Timothy Hathaway</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Mailing Address 6862 Elm St. Unit 270		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>	
City Alexandria	State VA		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Transaction ID : a041c730-c417-49a9-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">175466.55</div>			

Full Name of Payee <b>Mr. Timothy Hathaway</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Mailing Address 6862 Elm St. Unit 270		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.30</div>	
City Alexandria	State VA		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	Transaction ID : 9d266457-f44a-4f05-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">175466.55</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">10.30</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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07 / 26 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 18.30	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2c94faea-8da8-4529-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 175466.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 6.63	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 748ab129-e447-4c05-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 175466.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24.93
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766

Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee  
Joanna Kindstedt

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

Mailing Address 2134 Tobaccoville Rd

Amount

18.30

City State Zip Code  
Rural Hall NC 27045Transaction ID : 40077b27-ebb2-494d-a  
Date of Disbursement or ObligationPurpose of Expenditure  
SalaryCategory/  
Type 001M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014Name of Federal Candidate  
Ms. Kay Hagan☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: NCCalendar Year-To-Date  
Per Election for Office Sought

175466.55

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶Full Name of Payee  
Gabriella E Hansen

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

Mailing Address 310 West Meath Drive

Amount

20.00

City State Zip Code  
Winterville NC 28590Transaction ID : d7edf225-b690-4264-9  
Date of Disbursement or ObligationPurpose of Expenditure  
SalaryCategory/  
Type 001M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014Name of Federal Candidate  
Ms. Kay Hagan☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: NCCalendar Year-To-Date  
Per Election for Office Sought

175466.55

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

38.30

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

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Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Allie Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>1676 Shady Creek Rd</b>		Amount <b>50.00</b>	
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>	Transaction ID : <b>8780c614-ebf8-4a5a-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Allie Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>1676 Shady Creek Rd</b>		Amount <b>18.60</b>	
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>	Transaction ID : <b>8574e290-7ea4-4b7e-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>68.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Emily Buchanan

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Emily Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>1676 Shady Creek Rd</b>		Amount <b>53.30</b>	
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>	Transaction ID : <b>d856629e-ecdc-4a87-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>30.00</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>87c99f41-2a6c-4abd-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>83.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>10.80</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>4383c4bf-d9a2-47a5-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Barbara A Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>3002 Darden Rd Apt A</b>		Amount <b>50.00</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	Transaction ID : <b>c802eb28-7ab1-4b52-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>60.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Erika Burfield</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2939 Country Club Drive</b>		Amount <b>45.00</b>	
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>	Transaction ID : <b>fa9bcea8-3cab-4648-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Erika Burfield</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2939 Country Club Drive</b>		Amount <b>5.40</b>	
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>	Transaction ID : <b>281862a9-3598-4c40-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Robin L Bennett</b>			Date of Public Distribution/Dissemination		
Mailing Address 3505 Beaumont St Apt 13D			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Neosho	State MO	Zip Code 64850	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35.50</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : 8dee1596-25bc-489a-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">33647.17</div>					

Full Name of Payee <b>Robin L Bennett</b>			Date of Public Distribution/Dissemination		
Mailing Address 3505 Beaumont St Apt 13D			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Neosho	State MO	Zip Code 64850	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44.40</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	<b>Transaction ID : 8cbe4a19-d343-40a4-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">33647.17</div>					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">79.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

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Ms. Emily Buchanan

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07

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00530766Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y  
/ /Full Name of Payee  
**Damian B Robinson**

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014Mailing Address 701 Green Mountain Dr  
Apt 1312

Amount

40.00

City State Zip Code  
Little Rock AR 72211

Transaction ID : 0041ef64-f414-415c-b

Date of Disbursement or Obligation

Purpose of Expenditure  
SalaryCategory/  
Type 001M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014Name of Federal Candidate  
Mr. Mark L Pryor☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: ARCalendar Year-To-Date  
Per Election for Office Sought

33647.17

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶Full Name of Payee  
**Damian B Robinson**

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014Mailing Address 701 Green Mountain Dr  
Apt 1312

Amount

8.10

City State Zip Code  
Little Rock AR 72211

Transaction ID : ce94ea67-e342-46ce-8

Date of Disbursement or Obligation

Purpose of Expenditure  
MileageCategory/  
Type 002M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014Name of Federal Candidate  
Mr. Mark L Pryor☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: ARCalendar Year-To-Date  
Per Election for Office Sought

33647.17

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

48.10

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 10 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 20.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : d830bc40-e6fc-402d-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 73130.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address Split Oak Drive		Amount 50.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : ca89bf8c-4649-4003-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 73130.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	70.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>Split Oak Drive</b>		Amount <b>33.09</b>	
City <b>charlotte</b>	State <b>NC</b>	Zip Code <b>28227</b>	Transaction ID : <b>b511bc63-bc81-47f3-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>4800 Vass Carthage Rd</b>		Amount <b>65.00</b>	
City <b>Carthage</b>	State <b>NC</b>	Zip Code <b>28394</b>	Transaction ID : <b>00a6ff7f-d8af-4a5b-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>98.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 12 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rebecca Deucher</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Mailing Address 4800 Vass Carthage Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div>		
City Carthage	State NC	Zip Code 28394	<b>Transaction ID : 0476b170-722d-4038-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Marilyn Riley</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Mailing Address 338 Wayne Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Shreveport	State LA	Zip Code 71105	<b>Transaction ID : 02179305-2322-4269-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">62.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Tachnany Evans</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">23</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address 3726 Saint Joe Road		Amount <table border="1" style="display:inline-table; width:100%">50.00</table>	
City Atkins	State AR	Zip Code 72823	Transaction ID : <b>a2e4a68d-d76b-4b62-9</b>
Purpose of Expenditure Salary	Category/ Type	<table border="1" style="display:inline-table; width:100%">001</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">23</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%">33647.17</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Tachnany Evans</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">23</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address 3726 Saint Joe Road		Amount <table border="1" style="display:inline-table; width:100%">13.20</table>	
City Atkins	State AR	Zip Code 72823	Transaction ID : <b>4f6c244e-1274-46db-b</b>
Purpose of Expenditure Mileage	Category/ Type	<table border="1" style="display:inline-table; width:100%">002</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">23</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%">33647.17</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%">63.20</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; width:100%"> </table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> </table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OBrian Price</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2400 Covenant Cove</b>		Amount <b>45.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>932b6915-f917-4cef-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>OBrian Price</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2400 Covenant Cove</b>		Amount <b>7.20</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>efb3c617-0a66-4bd1-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>52.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 15 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Larry Freeman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>11214 Mesa drive</b>		Amount <b>45.00</b>	
City <b>Little rock</b>	State <b>AR</b>	Zip Code <b>72211</b>	Transaction ID : <b>9f6b788c-d256-4ac8-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jenna M Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2279 Gouges Creek Rd</b>		Amount <b>50.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>5772ceb9-a071-4807-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>95.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jenna M Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2279 Gouges Creek Rd</b>		Amount <b>14.10</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>32d4798c-06b1-4378-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Charity Zerbel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>804 Mary Ave</b>		Amount <b>35.00</b>	
City <b>Neosho</b>	State <b>MO</b>	Zip Code <b>64850</b>	Transaction ID : <b>37a71bb3-ab97-485c-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>49.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 17 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Charity Zerbel</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>		
Mailing Address <b>804 Mary Ave</b>			Amount <b>1.80</b>		
City <b>Neosho</b>	State <b>MO</b>	Zip Code <b>64850</b>	Transaction ID : <b>bc188425-27e9-462b-a</b>		
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Caleb Craig</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>		
Mailing Address <b>1410 Bushville drive</b>			Amount <b>100.00</b>		
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>f0d870be-79c4-48cc-8</b>		
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>101.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 18 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>1410 Bushville drive</b>		Amount <b>6.60</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>a2900a9b-09ee-4fda-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>9600 Earpsboro Chamblee Road</b>		Amount <b>55.00</b>	
City <b>Wendell</b>	State <b>NC</b>	Zip Code <b>27591</b>	Transaction ID : <b>fe9e67f9-e369-44ec-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>61.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00530766Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y  
/ / /Full Name of Payee  
**Jonathan Odette**

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

Mailing Address 9600 Earsboro Chamblee Road

Amount

25.80

City State Zip Code  
Wendell NC 27591**Transaction ID : 3c647bc6-755c-416c-b**  
Date of Disbursement or ObligationPurpose of Expenditure  
MileageCategory/  
Type 002M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: NCCalendar Year-To-Date  
Per Election for Office Sought

175466.55

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶Full Name of Payee  
**Melanie Slagle**

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

Mailing Address 77 Southridge Drive

Amount

40.00

City State Zip Code  
Spruce Pine NC 28777**Transaction ID : c025ea90-0e26-41ae-a**  
Date of Disbursement or ObligationPurpose of Expenditure  
SalaryCategory/  
Type 001M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: NCCalendar Year-To-Date  
Per Election for Office Sought

175466.55

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

65.80

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>Melanie Slagle</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>07 / 23 / 2014</b>	
Mailing Address <b>77 Southridge Drive</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.90</div>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>886347c6-df60-4d92-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">175466.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amiracle R Ross</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>07 / 23 / 2014</b>	
Mailing Address <b>3411 Asher Ave</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">44.50</div>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>ab6e764f-32bb-48a6-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">33647.17</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">57.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 21 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Amiracle R Ross</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>3411 Asher Ave</b>		Amount <b>15.60</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>f3c2f7e9-a3fb-40f9-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>1804 Auburn Ave</b>		Amount <b>15.00</b>	
City <b>Metaire</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>c3d895c0-9e2f-48ce-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>30.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>	
Mailing Address 1804 Auburn Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           0.30         </div>	
City State Zip Code Metairie LA 70003	<b>Transaction ID : 70422288-eb7e-4793-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           73130.54         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>	
Mailing Address 1691 Fork Mtn Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           70.00         </div>	
City State Zip Code Bakersville NC 28705	<b>Transaction ID : 58b014b8-3ffe-454a-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           175466.55         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">70.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Mailing Address 1691 Fork Mtn Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.20</div>		
City Bakersville	State NC	Zip Code 28705	<b>Transaction ID : e8c9ef8f-1240-4b36-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Mailing Address 44 Bell Street Ext			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City Spruce Pine	State NC	Zip Code 28777	<b>Transaction ID : c9265b7d-55ea-41a2-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">95.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 24 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <b>25.20</b>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>0a4451e9-4d21-4f8f-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Andrew Shiver</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>		
Mailing Address <b>110 Earlston Ct</b>			Amount <b>55.00</b>		
City <b>Knightdale</b>	State <b>NC</b>	Zip Code <b>27545</b>	Transaction ID : <b>e3b0b12a-851b-40ea-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>80.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 25 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Andrew Shiver</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>110 Earlston Ct</b>		Amount <b>9.90</b>	
City <b>Knightdale</b>	State <b>NC</b>	Zip Code <b>27545</b>	Transaction ID : <b>e802eefc-9393-4a70-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>20.00</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>8f363592-7a9d-4b34-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>29.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 26 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>4.83</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>c433aa3d-2995-48d4-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>10.00</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>507c5ddc-bd2b-4c0b-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>14.83</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>5.10</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>715ecad9-aab1-4d29-9</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>202 Rue Des Cajun</b>		Amount <b>45.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>5f446ca2-9257-432e-a</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>202 Rue Des Cajun</b>		Amount <b>35.40</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>4138242d-2469-4916-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>106 Hillside St</b>		Amount <b>35.00</b>	
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>c76dbb25-8b04-4498-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>70.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 106 Hillside St			Amount 33.75		
City Spindale	State NC	Zip Code 28160	Transaction ID : 9ab1a99c-4c5a-4ebf-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 607fd5ed-db37-4d11-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	113.75
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>07</div><div>23</div><div>2014</div></div>	
Mailing Address 205 Medallion Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.00</div>	
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 72961c0a-87fa-429b-a</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>07</div><div>23</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>07</div><div>23</div><div>2014</div></div>	
Mailing Address 407 randall Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : c84e2e51-7b9a-43a9-9</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>07</div><div>23</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">101.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 407 randall Dr		Amount 82.80	
City Searcy	State AR	Zip Code 72143	Transaction ID : 012a0297-3225-42c5-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nathan D Wirebaugh</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 7320 Red Maple Dr		Amount 10.00	
City Holland	State OH	Zip Code 43528	Transaction ID : 7a50c44c-64c3-4cf8-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	92.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 32 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Solveig Lysne</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>23</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	23			Y	Y	Y	Y	Y	Y	2014					
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City Wilmington	State NC	Zip Code 28411	Transaction ID : 3ec1c9a2-9c10-47f6-b																										
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>23</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	23			Y	Y	Y	Y	Y	Y	2014					
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Full Name of Payee <b>Solveig Lysne</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>23</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	23			Y	Y	Y	Y	Y	Y	2014					
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City Wilmington	State NC	Zip Code 28411	Transaction ID : 60170ec5-59f4-43f8-a																										
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>23</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	23			Y	Y	Y	Y	Y	Y	2014					
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Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>175466.55</td></tr></table>												175466.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>51.01</td></tr></table>												51.01
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(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

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2014					

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Morgan R Padgett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2164 Kay Rd</b>		Amount <b>20.00</b>	
City <b>Greenville</b>	State <b>NC</b>	Zip Code <b>27858</b>	<b>Transaction ID : 7a56b8f0-5225-41c8-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<b>175466.55</b>			

Full Name of Payee <b>Morgan R Padgett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2164 Kay Rd</b>		Amount <b>4.80</b>	
City <b>Greenville</b>	State <b>NC</b>	Zip Code <b>27858</b>	<b>Transaction ID : 7930193c-a5dd-4392-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<b>175466.55</b>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>24.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Warren Gravois</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>	
Mailing Address 16005 7th St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35.00</div>	
City Pearlington	State MS	Zip Code 39572	Transaction ID : e4cd370f-57cd-4827-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Warren Gravois</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>	
Mailing Address 16005 7th St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2.40</div>	
City Pearlington	State MS	Zip Code 39572	Transaction ID : 58df3ef0-e7f7-4802-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">37.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 35 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>26.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>c3c94ba9-0fe0-4e1d-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>2.01</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>016244d3-fd41-4cc6-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>28.01</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 36 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 23 / 2014</b>	
Mailing Address 2012 Harrison Ave		Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>68c7a634-d1f3-4c34-9</b>
Purpose of Expenditure Salary	Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">175466.55</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 23 / 2014</b>	
Mailing Address 2012 Harrison Ave		Amount <span style="border:1px solid black; padding:2px;">12.00</span>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>ef781d40-ab89-46fa-b</b>
Purpose of Expenditure Mileage	Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">175466.55</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border:1px solid black; padding:2px;">92.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border:1px solid black; padding:2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border:1px solid black; padding:2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 37 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Courtney Goldstein</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Mailing Address 1809 N Woodlawn		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>	
City State Zip Code Metairie LA 70001	<b>Transaction ID : fdf2c744-2c98-4ed6-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Courtney Goldstein</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Mailing Address 1809 N Woodlawn		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.90</div>	
City State Zip Code Metairie LA 70001	<b>Transaction ID : 0a9179cf-6f97-4640-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">35.90</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Theresa Burkhart</b>			Date of Public Distribution/Dissemination		
Mailing Address 3126 Chester Ct			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Metairie	State LA	Zip Code 70006	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : 032f7077-44c5-4c7f-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">73130.54</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination		
Mailing Address 2357 Fancy Cap Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Mt. Airy	State NC	Zip Code 27030	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : b8b84439-0a0d-4faa-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">175466.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">165.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <b>21.63</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>2daaa00d-6ade-4c04-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brittany Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>338 Wayne Drive</b>		Amount <b>20.00</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71105</b>	Transaction ID : <b>8936ad40-1c9d-4957-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Mailing Address 101 Asbury Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : cb4e2a06-f161-43a6-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>	
Mailing Address 1103 West Wilson Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 89dc16e7-acb7-40e8-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">140.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>33.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>865cf02e-9dd3-4147-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>110 W Pecan St</b>		Amount <b>40.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>4cde02bf-6ef3-455d-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>73.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 110 W Pecan St			Amount 33.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c54a6fe8-29d1-4777-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 70.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 68d7cae0-52a4-4906-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	103.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 43 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sarinda S Dudley</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>		
Mailing Address 4367 Splitlog Rd			Amount 30.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : b0fd52b9-72d0-46b3-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 33647.17			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Alexa S Dudley</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>		
Mailing Address 4367 Splitlog Rd			Amount 30.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 79a0ac85-6e71-4953-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 33647.17			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 44 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 4367 Splitlog Rd		Amount <b>27.00</b>	
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>0c5a1793-4f8e-4288-a</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 103 Washington Ave		Amount <b>40.00</b>	
City Newport	State NC	Zip Code 28570	Transaction ID : <b>8b63ccc1-8987-44dd-9</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>67.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>103 Washington Ave</b>		Amount <b>3.30</b>	
City <b>Newport</b>	State <b>NC</b>	Zip Code <b>28570</b>	Transaction ID : <b>537c7307-c588-41d9-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>3110 Brentwood Rd</b>		Amount <b>20.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>1ccd3a3d-8919-4c64-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>23.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>3110 Brentwood Rd</b>		Amount <b>2.40</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>6b397506-7178-4646-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>111 Westchester Blvd</b> <b>Apt D4</b>		Amount <b>43.00</b>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>	Transaction ID : <b>75d25060-3745-4700-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>45.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination		
Mailing Address 1025 Cayley Ct			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City High Point	State NC	Zip Code 27260	Amount		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;">87.50</div>		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : f90b8c71-d01d-4ab2-8</b> Date of Disbursement or Obligation		
		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>					

Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination		
Mailing Address 1025 Cayley Ct			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City High Point	State NC	Zip Code 27260	Amount		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;">20.70</div>		
Purpose of Expenditure Mileage		Category/ Type 002	<b>Transaction ID : b18da6ad-071e-47ab-9</b> Date of Disbursement or Obligation		
		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">108.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 48 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 1025 Cayley Ct		Amount 90.00
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 1ad60399-46af-400a-9 Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 1025 Cayley Ct		Amount 21.60
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : f3662363-d625-4788-9 Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	111.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lesley Lennox</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">07 / 23 / 2014</div> </div>		
Mailing Address 2305 Cleary Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 46f5340c-7a28-4376-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">07 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lesley Lennox</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">07 / 23 / 2014</div> </div>		
Mailing Address 2305 Cleary Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.80</div>		
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 3097173e-2fcb-480a-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">07 / 23 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">21.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 50 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>3007 Darden Rd</b>		Amount <b>82.50</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	Transaction ID : <b>552ce722-df09-4b3d-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>3007 Darden Rd</b>		Amount <b>24.60</b>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	Transaction ID : <b>4d34a519-f7fd-4086-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>107.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 51 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 3007 Darden Rd		Amount <b>82.50</b>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1509bada-faf7-4920-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 859 Hicks Rd		Amount <b>50.00</b>	
City Washington	State LA	Zip Code 70589	Transaction ID : 810327ac-a71a-443e-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>132.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>	
Mailing Address 859 Hicks Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           41.40         </div>	
City Washington	State LA	Zip Code 70589	<b>Transaction ID : 6b1671ee-24dc-4888-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           73130.54         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>	
Mailing Address 312 S Gunter St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           30.00         </div>	
City Siloam Springs	State AR	Zip Code 72761	<b>Transaction ID : 59bdd413-8436-4f05-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 23 / 2014         </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           33647.17         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">71.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 07 / 26 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Wayne Burckel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>46 Glenwood Ave</b>		Amount <b>30.00</b>	
City <b>Harahan</b>	State <b>LA</b>	Zip Code <b>70123</b>	Transaction ID : <b>f65c7e6b-d867-4772-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>629 Radiance Ave</b>		Amount <b>50.00</b>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	Transaction ID : <b>50819177-19a6-4feb-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>80.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 54 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00530766Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y  
/ / /Full Name of Payee  
**Evelyn Lesaicherre**

Mailing Address 629 Radiance Ave

City State Zip Code  
Metairie LA 70001Purpose of Expenditure  
MileageCategory/  
Type 002

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 23 2014

Amount

4.50

Transaction ID : 7f629449-f3ec-46b3-9

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
07 23 2014

Name of Federal Candidate

Ms. Mary L Landrieu

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: LA

Calendar Year-To-Date  
Per Election for Office Sought

73130.54

Disbursement For:

☐ Primary☒ General

2014

☐ Other (specify) ▶Full Name of Payee  
**Tarrin Lesaicherre**

Mailing Address 629 Radiance Ave

City State Zip Code  
Metairie LA 70001Purpose of Expenditure  
SalaryCategory/  
Type 001

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 23 2014

Amount

50.00

Transaction ID : cec56580-5523-431b-8

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
07 23 2014

Name of Federal Candidate

Ms. Mary L Landrieu

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: LA

Calendar Year-To-Date  
Per Election for Office Sought

73130.54

Disbursement For:

☐ Primary☒ General

2014

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

54.50

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

M M M / D D D / Y Y Y Y Y Y  
07 26 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>629 Radiance Ave</b>		Amount <b>4.50</b>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	Transaction ID : <b>132c17c1-1449-43d4-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>60.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>c43f7f8e-5604-43c4-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>64.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 56 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <b>60.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>4fb3b23a-e719-434b-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>175466.55</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 1434 South Avenue		Amount <b>80.00</b>	
City Eden	State NC	Zip Code 27288	Transaction ID : <b>a73d2731-3e7f-432d-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>175466.55</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>140.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 57 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>7.20</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>65323dd8-48c9-4f39-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Laura U Logie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>2565 Shire Circle</b>		Amount <b>40.00</b>	
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>6bedc7fc-0ad9-4c79-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>47.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 58 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Mailing Address 2002 E Park Ave Apt 40			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : f9d89283-d612-4187-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Mailing Address 2002 E Park Ave Apt 40			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">86.40</div>		
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 1d1a7de5-078d-4d6d-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">186.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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07 / 26 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 59 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tabetha D Espenschied</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Mailing Address 2002 East Park Ave Apt 40			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : f6c28534-6c07-4724-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Sean B Hicks</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 44 McDowell Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>		
City Wake Forest	State NC	Zip Code 27587	<b>Transaction ID : 71fa43a7-e8e3-4fd4-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 60 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sean B Hicks</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>44 McDowell Drive</b>		Amount <b>1.50</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>442a6a13-9575-438c-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Fuel Pizza</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>1606 K Street NW</b>		Amount <b>141.33</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>eb982943-1e40-44a8-8</b>
Purpose of Expenditure <b>Food</b>	Category/Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>142.83</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Anthony Buchanan</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Mailing Address 1090 McHone Rd			Amount <table border="1" style="display:inline-table; margin:0 5px;">60.00</table>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 7f974e46-1fde-4b47-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">175466.55</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Mailing Address 105 South Dale St			Amount <table border="1" style="display:inline-table; margin:0 5px;">60.00</table>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4cd9e657-926e-453b-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">175466.55</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">120.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 62 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Casey Stockton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>105 South Dale St</b>		Amount <b>21.30</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>76918659-42e8-4f32-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mary Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>105 South Dale St</b>		Amount <b>60.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>d37faeab-8198-4bf3-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>81.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 63 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Katlynn Cockerham</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Mailing Address 4970 Lyman Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Winston Salem	State NC		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 605b41d6-a858-4fdb-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Katlynn Cockerham</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Mailing Address 4970 Lyman Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.30</div>	
City Winston Salem	State NC		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : adfcde24-7b11-451e-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">36.30</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 1010 S Dogwood Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>		
City Bogalusa	State LA	Zip Code 70427	<b>Transaction ID : f64abc6d-02a9-4988-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Steven Jean</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 2012 Harrison Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Winston Salem	State NC	Zip Code 27105	<b>Transaction ID : 5b45768a-9ab5-4237-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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07 / 26 / 2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 65 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address <b>2012 Harrison Ave</b>		Amount <b>13.50</b>
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>3bc9368c-e6b2-4e19-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Erika Burfield</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address <b>2939 Country Club Drive</b>		Amount <b>43.40</b>
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>e6c23242-c924-4e58-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>56.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Erika Burfield</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 24 / 2014         </div>	
Mailing Address 2939 Country Club Drive		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           15.00         </div>	
City Hampstead	State NC	Zip Code 28443	<b>Transaction ID : 458cde07-1af6-4674-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 24 / 2014         </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           175466.55         </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           175466.55         </div>	

Full Name of Payee <b>Mr. Matthew Fouty</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 24 / 2014         </div>	
Mailing Address 110 Pebblestone Ct.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           30.00         </div>	
City King	State NC	Zip Code 27021	<b>Transaction ID : 16c6045a-26e6-4f1d-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            07 / 24 / 2014         </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           175466.55         </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           175466.55         </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           45.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           45.00         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mr. Matthew Fouty</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 110 Pebblestone Ct.		Amount <b>6.00</b>	
City King	State NC	Zip Code 27021	Transaction ID : <b>b272e791-9693-4eb1-a</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>175466.55</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Felice Barrett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 1588 Asbury		Amount <b>65.00</b>	
City Springdale	State AR	Zip Code 72762	Transaction ID : <b>0974be96-0e60-4429-9</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>33647.17</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>71.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Felice Barrett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>1588 Asbury</b>		Amount <b>14.31</b>	
City <b>Springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	Transaction ID : <b>18b44479-d6c2-451a-b</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tammay Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>924 N. Prieur St</b>		Amount <b>50.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>164c0ff1-a297-4e95-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>64.31</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination		
Mailing Address 924 N. Prieur St			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City New Orleans	State LA	Zip Code 70116	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12.00</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	<b>Transaction ID : fbc25a32-cdd6-431f-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

73130.54

Full Name of Payee <b>Carmen Maddrey</b>			Date of Public Distribution/Dissemination		
Mailing Address 2043 Nottingham Ln			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Burlington	State NC	Zip Code 27215	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : 016349a5-8a05-4599-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

175466.55

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">52.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 70 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carmen Maddrey</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 2043 Nottingham Ln			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.20</div>		
City Burlington	State NC	Zip Code 27215	<b>Transaction ID : bd02fbd8-70da-4758-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Barbara E Spritz</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 3346 Durham St Ext			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Burlington	State NC	Zip Code 27217	<b>Transaction ID : 0854e9c6-03f4-4582-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">41.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 3346 Durham St Ext		Amount 1.80	
City Burlington	State NC	Zip Code 27217	Transaction ID : 9c4043d4-c9bd-4f50-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 175466.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brian Saltzler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 601 S College Road		Amount 25.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : a364b6b3-8c1d-489e-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 175466.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 72 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brian Saltzler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>601 S College Road</b>		Amount <b>3.60</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28403</b>	Transaction ID : <b>75b30c73-2e19-4335-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>80.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>a59d6243-535f-40d8-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>83.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 73 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>30.60</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>6b313e76-ebc1-4dbd-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>		Amount <b>80.00</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>1b1ac99e-4391-4433-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>110.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>		
Mailing Address <b>1691 Fork Mtn Rd</b>			Amount <b>30.60</b>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>3aa624f0-dd6f-4d6d-8</b>		
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Wayne Burckel</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>		
Mailing Address <b>46 Glenwood Ave</b>			Amount <b>20.00</b>		
City <b>Harahan</b>	State <b>LA</b>	Zip Code <b>70123</b>	Transaction ID : <b>c706f634-769f-4325-9</b>		
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 75 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014		M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
M	M																										
07																											
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Y	Y	Y	Y	Y	Y																						
Mailing Address 103 Washington Ave		Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>13.00</td></tr></table>													13.00												
					13.00																						
City Newport	State NC	Zip Code 28570	<b>Transaction ID : 21c79500-982a-48f6-9</b>																								
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014		M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
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D	D																										
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Y	Y	Y	Y	Y	Y																						
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC																								
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																									

Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014		M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
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07																											
D	D																										
24																											
Y	Y	Y	Y	Y	Y																						
Mailing Address 103 Washington Ave		Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>1.50</td></tr></table>													1.50												
					1.50																						
City Newport	State NC	Zip Code 28570	<b>Transaction ID : 1093227b-5ad0-42b8-a</b>																								
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014		M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
M	M																										
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Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC																								
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>14.50</td></tr></table>												14.50
					14.50								
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

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 2014
 

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 76 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Trent C Oelschlaeger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 18710 Strawberry Plant Road		Amount 38.00	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : 653fe01a-954e-4da9-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Trent C Oelschlaeger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 18710 Strawberry Plant Road		Amount 7.50	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : cfd20d22-8ced-4cc0-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45.50
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 77 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>7121 Oyster Lane</b>		Amount <b>33.60</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>7cc77a19-c682-44ac-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>7121 Oyster Lane</b>		Amount <b>9.51</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>4622e9f1-bb1a-43d9-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>43.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 78	OF 134
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>1804 Auburn Ave</b>		Amount <b>10.00</b>	
City <b>Metaire</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>2c12188e-8217-44ac-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>1804 Auburn Ave</b>		Amount <b>0.30</b>	
City <b>Metaire</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>4c78a1e3-f716-42f8-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>10.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 79 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Wayne Burckel</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>	
Mailing Address <b>46 Glenwood Ave</b>		Amount <b>15.00</b>	
City <b>Harahan</b>	State <b>LA</b>	Zip Code <b>70123</b>	Transaction ID : <b>5372b25e-d6ba-4771-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Wayne Burckel</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>	
Mailing Address <b>46 Glenwood Ave</b>		Amount <b>0.60</b>	
City <b>Harahan</b>	State <b>LA</b>	Zip Code <b>70123</b>	Transaction ID : <b>a6c59d96-349b-4f32-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>15.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 80 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Corey Miller</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 8617 Riley Hills Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Zebulon	State NC	Zip Code 27597	<b>Transaction ID : cb804c80-aa0f-4f69-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Corey Miller</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 8617 Riley Hills Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div>		
City Zebulon	State NC	Zip Code 27597	<b>Transaction ID : 6136e2cb-68f0-413c-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">54.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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07 / 26 / 2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 81 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>9600 Earpsboro Chamblee Road</b>		Amount <b>40.00</b>	
City <b>Wendell</b>	State <b>NC</b>	Zip Code <b>27591</b>	Transaction ID : <b>01a11fe9-9574-4a40-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>9600 Earpsboro Chamblee Road</b>		Amount <b>7.50</b>	
City <b>Wendell</b>	State <b>NC</b>	Zip Code <b>27591</b>	Transaction ID : <b>b24a62a3-2f78-45db-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>47.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 82 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination	
Mailing Address 1410 Bushville drive		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City	State	Amount	
Lenoir	NC	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>100.00</span> </div>	
Purpose of Expenditure Salary		<b>Transaction ID : a017814f-89fb-4d18-a</b> Date of Disbursement or Obligation	
Category/Type 001		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>175466.55</span> </div>			

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination	
Mailing Address 1410 Bushville drive		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City	State	Amount	
Lenoir	NC	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>6.90</span> </div>	
Purpose of Expenditure Mileage		<b>Transaction ID : 8485ae7c-99d3-4b1d-b</b> Date of Disbursement or Obligation	
Category/Type 002		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>175466.55</span> </div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>106.90</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

07

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2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 83 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Jennie Butler</b>			Date of Public Distribution/Dissemination		
Mailing Address 1676 Shady Creek Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Ayden	State NC	Zip Code 28513	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">46.60</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div>	Transaction ID : d779f5ae-1d14-49dc-a Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">175466.55</div>		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jennie Butler</b>			Date of Public Distribution/Dissemination		
Mailing Address 1676 Shady Creek Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Ayden	State NC	Zip Code 28513	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">10.89</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div>	Transaction ID : 04f3c0ee-78c2-4301-8 Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">175466.55</div>		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">57.49</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

07

26

2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 84 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766

Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014Full Name of Payee  
Amiracle R Ross

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014

Mailing Address 3411 Asher Ave

Amount

24.50

City State Zip Code  
Little Rock AR 72204

Transaction ID : 87c39bd2-bf9c-4c47-9

Date of Disbursement or Obligation

Purpose of Expenditure  
SalaryCategory/  
Type 001M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: ARCalendar Year-To-Date  
Per Election for Office Sought

33647.17

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶Full Name of Payee  
Amiracle R Ross

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014

Mailing Address 3411 Asher Ave

Amount

10.50

City State Zip Code  
Little Rock AR 72204

Transaction ID : 1399d242-e51f-4c2c-a

Date of Disbursement or Obligation

Purpose of Expenditure  
MileageCategory/  
Type 002M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: ARCalendar Year-To-Date  
Per Election for Office Sought

33647.17

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

35.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 85 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address Split Oak Drive			Amount 45.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : fc2f616c-9aef-46fd-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: District: 00 State: LA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			73130.54		

Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address Split Oak Drive			Amount 25.20		
City charlotte	State NC	Zip Code 28227	Transaction ID : 7b03eada-8626-4e2e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: District: 00 State: LA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			73130.54		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
07 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 86 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Y	Y	Y	Y	Y	Y																						

Full Name of Payee <b>Joseph P Pthierfelder</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
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City Gastonia	State NC	Zip Code 28054	Transaction ID : 8cacfe90-260e-49b3-b																										
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>175466.55</td></tr></table>												175466.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
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Full Name of Payee <b>Joseph P Pthierfelder</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
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					10.50																								
City Gastonia	State NC	Zip Code 28054	Transaction ID : f7c0b3b0-c554-4d9f-a																										
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>24</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		07			D	D		24			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>175466.55</td></tr></table>												175466.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
					175466.55																								

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>67.50</td></tr></table>												67.50
					67.50								
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

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Ms. Emily Buchanan

[Electronically Filed]

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2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 87 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Emily Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address <b>1676 Shady Creek Rd</b>		Amount <b>50.00</b>
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>ae09c484-4b20-45b6-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address <b>107 Phillip Ave</b>		Amount <b>40.00</b>
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>c252567e-39cc-4808-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>90.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 88 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>107 Phillip Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.31</div>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	<b>Transaction ID : 7108e3f8-6d1f-46a1-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	<b>Transaction ID : 7277c1d8-3fde-4a08-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">27.31</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
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Date

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**07 / 26 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>10.80</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>4a3cec61-900b-4bb5-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>40.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>ff0336cb-c123-4428-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	90	OF	134
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>15.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>c177c5a5-e89d-4f95-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Theresa A Touchet</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>102 French Street #3</b>		Amount <b>29.00</b>	
City <b>New Orleans</b>	State <b>NC</b>	Zip Code <b>70124</b>	Transaction ID : <b>566aef73-69e7-4989-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>44.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Theresa A Touchet</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>102 French Street #3</b>		Amount <b>1.80</b>	
City <b>New Orleans</b>	State <b>NC</b>	Zip Code <b>70124</b>	Transaction ID : <b>1494aa4c-cb60-43b7-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Anna Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3654 Tara St</b>		Amount <b>15.00</b>	
City <b>Springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	Transaction ID : <b>e4a4899f-4594-4e04-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>16.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 92 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3654 Tara St</b>		Amount <b>85.00</b>	
City <b>springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	Transaction ID : <b>2f21b706-3c40-49fc-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3654 Tara St</b>		Amount <b>16.20</b>	
City <b>springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	Transaction ID : <b>cb3b91eb-eee3-4b93-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>101.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 93 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OBrian Price</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>2400 Covenant Cove</b>		Amount <b>75.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>14dfd84c-5060-410e-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>OBrian Price</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>2400 Covenant Cove</b>		Amount <b>25.50</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>bd339322-d83d-463b-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>100.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 94 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Larry Freeman</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 11214 Mesa drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Little rock	State AR	Zip Code 72211	<b>Transaction ID : 14e17722-896d-49aa-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 205 Medallion Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 369ab8df-1087-4f06-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">155.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 95 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <b>26.10</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>41692130-42a5-4291-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>50.00</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>a94e7943-9d7a-40f0-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>76.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 97 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 3007 Darden Rd		Amount <b>15.00</b>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>66d26ba0-159b-4d4f-8</b>
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 3007 Darden Rd		Amount <b>62.50</b>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>bb640e9d-4036-4248-9</b>
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>77.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>6310 Col Glenn Rd</b>		Amount <b>70.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>489a98df-93b5-40c0-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>6310 Col Glenn Rd</b>		Amount <b>21.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>d2ba1aac-d437-4f5d-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>91.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 99 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 110 W Pecan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : b48420c6-c980-470d-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 110 W Pecan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34.50</div>		
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 42a327bc-5b2c-44f8-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">94.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>629 Radiance Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	<b>Transaction ID : b6a4eacf-6752-439d-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>629 Radiance Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.20</div>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	<b>Transaction ID : 9e107e19-d883-4d6c-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">74.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 101 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Theresa Burkhart</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 3126 Chester Ct			Amount 50.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 04dffa1c-f1d4-4547-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 73130.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Theresa Burkhart</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 3126 Chester Ct			Amount 7.35		
City Metairie	State LA	Zip Code 70006	Transaction ID : e0cff88d-7f6c-4c25-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 73130.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	57.35
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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07 / 26 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 102 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Tarrin Lesaicherre</b>			Date of Public Distribution/Dissemination		
Mailing Address 629 Radiance Ave			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Metairie	State LA	Zip Code 70001	Amount		
Purpose of Expenditure Salary			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>70.00</span> </div>		
Category/Type 001			<b>Transaction ID : 9312198a-64f4-47b7-9</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Tarrin Lesaicherre</b>			Date of Public Distribution/Dissemination		
Mailing Address 629 Radiance Ave			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Metairie	State LA	Zip Code 70001	Amount		
Purpose of Expenditure Mileage			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>4.20</span> </div>		
Category/Type 002			<b>Transaction ID : 6973ecd6-8068-494a-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">74.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 103 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 3113 Imperial Valley Dr.		Amount <b>85.00</b>	
City Little Rock	State AR	Zip Code 72212	<b>Transaction ID : 61978aca-d49c-48aa-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 3113 Imperial Valley Dr.		Amount <b>13.80</b>	
City Little Rock	State AR	Zip Code 72212	<b>Transaction ID : 1e82b15a-24a9-45c4-b</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>98.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3110 Brentwood Rd</b>		Amount <b>30.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>9a5975b4-8a10-4877-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3110 Brentwood Rd</b>		Amount <b>2.10</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>e70fbd18-2b0c-41df-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>32.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 105 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sarah Burckel</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Mailing Address 46 Glenwood Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City Harahan	State LA	Zip Code 70123	<b>Transaction ID : beaa946a-455d-41f3-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sarah Burckel</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Mailing Address 46 Glenwood Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.90</div>	
City Harahan	State LA	Zip Code 70123	<b>Transaction ID : 2efa5acf-55d5-4d25-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">73130.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25.90</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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07 / 26 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 106 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>312 S Gunter St</b>		Amount <b>30.00</b>	
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>2049aa48-3997-4494-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>312 S Gunter St</b>		Amount <b>1.20</b>	
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>67aee061-93c7-463b-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>31.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 107 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>55.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>37dc0480-d092-4293-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>30.90</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>c3c52c81-b08b-4bd6-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>85.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 108 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Myeisha M Ross</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>3411 Asher Ave</b>		Amount <b>30.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72209</b>	Transaction ID : <b>f8bcbd43-a2f6-451c-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>8822 Apple St</b>		Amount <b>45.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>2ef3e4df-2950-453b-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>75.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 109 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>	
Mailing Address 407 randall Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : f43a48ce-bb29-4a76-9</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>	
Mailing Address 407 randall Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">86.70</div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : f6fea1fc-7ef5-4015-b</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">166.70</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 110 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Melanie Slagle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>77 Southridge Drive</b>		Amount <b>3.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>e5dd4c73-3d50-4576-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Melanie Slagle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>77 Southridge Drive</b>		Amount <b>3.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>7add8e2b-f5ee-4294-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 111 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Lesley Lennox</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Mailing Address 2305 Cleary Ave			Amount <table border="1" style="display:inline-table; margin:0 5px;">20.00</table>		
City Metairie	State LA	Zip Code 70001	Transaction ID : 3f69e9c0-325e-4409-b		
Purpose of Expenditure Salary		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;">001</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">73130.54</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lesley Lennox</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Mailing Address 2305 Cleary Ave			Amount <table border="1" style="display:inline-table; margin:0 5px;">2.10</table>		
City Metairie	State LA	Zip Code 70001	Transaction ID : e9e0a284-b382-4f45-b		
Purpose of Expenditure Mileage		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;">002</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> <b>07 / 24 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">73130.54</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">22.10</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>	
Mailing Address <b>632 Cameron Court</b>		Amount <b>65.00</b>	
City <b>Kenner</b>	State <b>LA</b>	Zip Code <b>70065</b>	Transaction ID : <b>4d7fd3e3-a1df-40d2-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>	
Mailing Address <b>632 Cameron Court</b>		Amount <b>9.48</b>	
City <b>Kenner</b>	State <b>LA</b>	Zip Code <b>70065</b>	Transaction ID : <b>80ed3535-bdc0-4206-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>74.48</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 113 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>20679 Glenbrook Terrace</b>		Amount <b>80.00</b>	
City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165</b>	Transaction ID : <b>00de8443-7ee9-4f29-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>27.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>c35c975e-6b88-4e5a-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>107.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 114 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>3.15</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	<b>Transaction ID : 31de5d41-c61b-4314-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>30.00</b>	
City <b>Plot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	<b>Transaction ID : 2a1f3759-8dcb-4576-8</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>33.15</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 115 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>	
Mailing Address 4367 Splitlog Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Goodman	State MO	Zip Code 64843	<b>Transaction ID : 47977024-2488-4ed9-a</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>	
Mailing Address 4367 Splitlog Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Goodman	State MO	Zip Code 64843	<b>Transaction ID : 2783762b-a325-4b95-9</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 24 / 2014</div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">140.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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07 / 26 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>4367 Splitlog Rd</b>		Amount <b>24.60</b>	
City <b>Goodman</b>	State <b>MO</b>	Zip Code <b>64843</b>	Transaction ID : <b>a26c0706-1d91-496c-a</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>30.00</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>2866dc38-45ac-4815-b</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>54.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>9.18</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>a5f662c7-d2e5-46e4-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Barbra L Landry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>2992 Wright Ave</b>		Amount <b>65.00</b>	
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72704</b>	Transaction ID : <b>d965c800-2c28-4c81-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>74.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766       </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Barbra L Landry</b>			Date of Public Distribution/Dissemination		
Mailing Address 2992 Wright Ave			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Fayetteville	State AR	Zip Code 72704	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">4.50</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div>	<b>Transaction ID : 7b41de01-70ef-4b17-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination		
Mailing Address 9909 Treasure Hill Rd			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Little Rock	State AR	Zip Code 72205	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">17.50</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div>	<b>Transaction ID : 4812d4d0-615d-4413-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">22.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 9909 Treasure Hill Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.50</div>		
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : ca0f7736-43b0-4d97-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Rebecca Deucher</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 4800 Vass Carthage Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div>		
City Carthage	State NC	Zip Code 28394	<b>Transaction ID : b9ea3e97-6267-4bfb-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">89.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 120 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>4800 Vass Carthage Rd</b>		Amount <b>22.50</b>	
City <b>Carthage</b>	State <b>NC</b>	Zip Code <b>28394</b>	Transaction ID : <b>ead51685-864a-4063-8</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Laura U Logie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>2565 Shire Circle</b>		Amount <b>35.00</b>	
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>c38672ff-4001-4182-a</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>57.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 121 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>22369 Ponderosa Dr.</b>		Amount <b>30.00</b>	
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>fc5d9d84-4ec7-4ef5-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>22369 Ponderosa Dr.</b>		Amount <b>6.90</b>	
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>12fa7025-2d13-4e09-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>73130.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>36.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 122 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nathan D Wirebaugh</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>7320 Red Maple Dr</b>		Amount <b>30.00</b>	
City <b>Holland</b>	State <b>OH</b>	Zip Code <b>43528</b>	Transaction ID : <b>740b7377-de12-4f4d-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address <b>915 E Market Ave</b>		Amount <b>85.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>b39d2914-d547-4cc6-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33647.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>115.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 123 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benjamin Hernandez</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38.10</div>		
City Searcy	State AR	Zip Code 72149	<b>Transaction ID : 2e097af9-71d5-47f6-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">33647.17</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : eb905212-5345-444c-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">108.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 124 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <b>70.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>017726f7-733f-49d6-a</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 2002 E Park Ave Apt 40		Amount <b>50.00</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>ddbd1451-b554-454c-b</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>120.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**07 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 125 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination		
Mailing Address 2002 E Park Ave Apt 40			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Searcy	State AR	Zip Code 72143	Amount 96.75		
Purpose of Expenditure Mileage		Category/ Type 002	<b>Transaction ID : c5daaacd-902c-4d57-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Tabetha D Espenschied</b>			Date of Public Distribution/Dissemination		
Mailing Address 2002 East Park Ave Apt 40			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Searcy	State AR	Zip Code 72143	Amount 100.00		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : b08c36b8-8eed-416e-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	196.75
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 126 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>70.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>24000d66-1f2f-4bd2-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>60.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>7b2e0245-3072-418d-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>130.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 127 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <b>70.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>9a246bb3-2885-4d4e-b</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <b>60.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>ebbd28ff-22f2-4f2c-a</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>130.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 128 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>60.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>ca405cc9-9f97-40e1-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>60.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>47601279-95bd-4199-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>175466.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>120.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 129 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>24</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	24			Y	Y	Y	Y	Y	Y	2014					
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City Search	State AR	Zip Code 72149	Transaction ID : 7216ee14-ab8c-41d6-9 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>24</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	24			Y	Y	Y	Y	Y	Y	2014					
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Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>24</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	24			Y	Y	Y	Y	Y	Y	2014					
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City Search	State AR	Zip Code 72149	Transaction ID : 90fc6094-f874-4a6e-a Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>07</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>24</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	07			D	D	D	24			Y	Y	Y	Y	Y	Y	2014					
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Purpose of Expenditure Mileage		Category/ Type 002																											
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>33647.17</td></tr></table>												33647.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>123.10</td></tr></table>												123.10
					123.10								
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 130 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>55.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>f0b0b8b0-44b7-4271-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>13.80</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>545f6f23-c9d5-4ac0-9</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>68.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 26 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 131 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Nathan Smith</b>			Date of Public Distribution/Dissemination		
Mailing Address 1247 W Mt Comfort Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Fayetteville	State AR	Zip Code 72703	Amount 37.60		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : 5981ee05-66f3-4d1b-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Nathan Smith</b>			Date of Public Distribution/Dissemination		
Mailing Address 1247 W Mt Comfort Rd			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Fayetteville	State AR	Zip Code 72703	Amount 8.22		
Purpose of Expenditure Mileage		Category/ Type 002	<b>Transaction ID : 493af37e-c349-41eb-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	45.82
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 132 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>55.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : 14a838d6-3c1b-4d63-a Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>12.30</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : 6575544f-1b48-4836-9 Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>67.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 133 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 1cc2d98d-20e5-4b68-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 175466.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 7151 Mullins Drive		Amount 23.70	
City Saltville	State VA	Zip Code 24370	Transaction ID : b4fd4585-683d-4dbc-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 175466.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	113.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 134 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Mailing Address 7151 Mullins Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City State Zip Code Saltville VA 24370	Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 24c134a4-8a0a-47c1-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Mailing Address 7151 Mullins Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.40</div>	
City State Zip Code Saltville VA 24370	Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : 6c273f29-4b35-4cf2-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">175466.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">103.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9693.77</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 26 / 2014

Signature